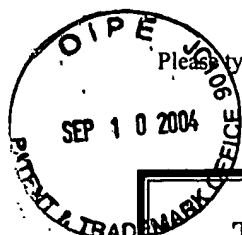


09-13-04

IFW



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PTO/SB/21 (08-00)

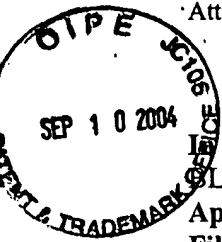
Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.:	10/827,023
		Filing Date:	04/19/2004
		First Named Inventor	BLAZAR, et al.
		Group Art Unit:	1636
		Title:	Regulatory T Cells and Their Use in Immunotherapy and Suppression of Autoimmune Responses
Total Number of Pages in This Submission		Attorney Docket Number	22253-76278

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s) – Figs.  <input type="checkbox"/> Licensing-related Papers  <input checked="" type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of co-Inventor Godfrey's EXECUTED Declaration previously filed by Applicants' on August 24, 2004; Return Postcard.
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Evelyn H. McConathy, Reg. No. 35,279	
Signature	<i>Evelyn H. McConathy</i>	
Date	September 10, 2004	

CERTIFICATE OF EXPRESS MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with Express Mail Label No. EV222872328US in an envelope addressed to: Mail Stop PETITION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313 on this date: September 10, 2004.		
Typed or printed name	Debra A. Coccia	
Signature	<i>Debra A. Coccia</i>	Date: September 10, 2004



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

GLAZAR, *et al.*

Application No.: 10/827,023

Filed: 04/19/2004

Title: Regulatory T Cells and Their Use in Immunotherapy and Suppression of Autoimmune Responses

Group Art Unit: 1636

Examiner: TBA

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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## MAIL

Express Mail Label No. EV222872328US

Date of Deposit: September 10, 2004Signature: Debra A. Coccia

Debra A. Coccia

PETITION TO CORRECT CO-INVENTOR'S NAME

Sir:

Applicants' request correction of the co-inventor Wayne R. Godfrey's name as indicated in the Declaration filed on August 24, 2004 [copy attached]. As noted in the executed Declaration, Co-Inventor Godfrey's middle initial should be listed as "R".

Applicants' respectfully request that an updated Official Filing Receipt be issued noting the correction.

This correction does not involve such changes in this application as would constitute new matter.

Applicant believes that there is no required filing fee to be associated with this request. However, if there are any fees due in connection with the filing of this Request, please charge the fees to our Deposit Account No. 50-0979.

Respectfully submitted,

Evelyn H. McConathy  
Evelyn H. McConathy  
Registration No. 35,279

Date: September 10, 2004

DILWORTH PAXSON LLP

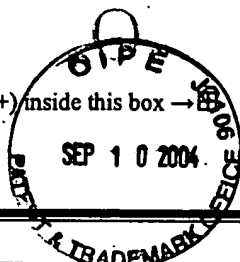
3200 Mellon Bank Center, 1735 Market Street

Philadelphia, PA 19103-7595

Tel. (215) 575-7000, Fax (215) 575-7200

**FILE COPY**

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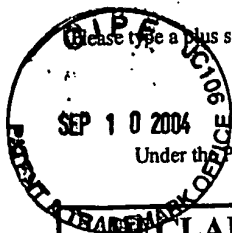


PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	<b>10/827,023</b>
		<b>Filing Date</b>	<b>04/19/2004</b>
		<b>First Named Inventor</b>	<b>BLAZAR, et al.</b>
		<b>Group Art Unit</b>	<b>1636</b>
		<b>Examiner Name</b>	<b>TBA</b>
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	<b>22253-76278</b>

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> <input checked="" type="checkbox"/> <b>Fee Attached</b>  <input checked="" type="checkbox"/> <b>Amendment/Reply</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Informal Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input checked="" type="checkbox"/> Drawing(s) 4A, 4B, 4C, 4D, 12 and 14 AND 1  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Copy of Notice to File Missing Parts of Nonprovisional Application mailed 06/28/2004; seven (7) executed Declarations; Return Postcard.
<b>Remarks:</b>		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
<b>Firm or Individual Name</b>	<b>Evelyn H. McConathy, Reg. No.: 35,279</b>	
<b>Signature</b>	<i>Evelyn H. McConathy</i>	
<b>Date</b>	<b>August 24, 2004</b>	

<b>CERTIFICATE OF EXPRESS MAILING</b>		
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<b>Typed or printed name</b>	<b>Debra A. Coccia</b>	
<b>Signature</b>	<i>Debra A. Coccia</i>	<b>Date: August 24, 2004</b>



PTO/SB/01 (10-00)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)		<b>Attorney Docket Number</b>	<b>22253-76278</b>		
		<b>First Named Inventor</b>	<b>Bruce BLAZAR</b>		
<input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		<b>COMPLETE IF KNOWN</b>			
		Application Number		10/827,023	
		Filing Date		04/19/2004	
		Group Art Unit		1636	
		Examiner Name		TBA	
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  <b>REGULATORY T CELLS AND THEIR USE IN IMMUNOTHERAPY AND SUPPRESSION OF AUTOIMMUNE RESPONSES</b>  The specification of which  <input type="checkbox"/> is attached hereto OR <input checked="" type="checkbox"/> was filed on <u>April 19, 2004</u> as United States Application Number <u>10/827,023</u> or  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
<b>Prior Foreign Application Number(s)</b>	<b>Country</b>	<b>Foreign Filing Date (MM/DD/YYYY)</b>	<b>Priority Not Claimed</b>	<b>Certified Copy Attached?</b>	
				<b>YES</b>	<b>NO</b>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
<b>Application Number(s)</b>		<b>Filing Date (MM/DD/YYYY)</b>		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	
60/550,481		March 5, 2004			

**DECLARATION – Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number or ☒ Correspondence address below

Name Evelyn H. McConathy

Address Dilworth Paxson LLP

Address 3200 Mellon Bank Center, 1735 Market Street

City Philadelphia

State Pennsylvania

Zip 19103

Country US

Telephone 215.575.7000

Fax 215.575.7200

**POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Evelyn H. McConathy, Reg. No. 35,279; Darryl W. Shorter, Reg. No. 47,942

[X] I hereby appoint the practitioner(s) associated with Customer Number 27730 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

[ ] Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Bruce

Family Name or Surname

BLAZAR

Inventor's Signature

Date

Residence/City: Golden Valley

State MN

Country US

Citizenship US

Mailing Address: 4350 Sussex Road

City: Golden Valley

State MN

Zip 55416

Country US

**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Carl

Family Name or Surname

JUNE

Inventor's Signature

Date

Residence/City: Merion Station

State PA

Country US

Citizenship US

Mailing Address: 409 Baird Road


City: Merion Station

State PA

Zip 19066

Country US

☒ Additional inventors are being named on the one (1) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

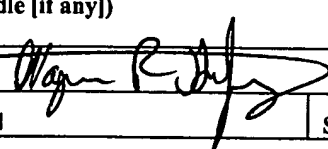
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Wayne R.		Family Name or Surname GODFREY	
Inventor's Signature 		Date	
Residence/City: Birchwood	State MN	Country US	Citizenship US
Mailing Address 409 Lake Avenue			
City: Birchwood	State MN	Zip 55110	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Richard G.		Family Name or Surname CARROLL	
Inventor's Signature		Date	
Residence/City: Lansdowne	State PA	Country US	Citizenship US
Mailing Address 54 Bryn Mawr Avenue			
City: Lansdowne	State PA	Zip 19050	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Bruce		Family Name or Surname LEVINE	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) James L.		Family Name or Surname RILEY	
Inventor's Signature		Date	
Residence/City: Downingtown	State PA	Country Us	Citizenship US
Mailing Address 435 Creekside Drive			
City Downingtown	State PA	Zip 19355	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Patricia		Family Name or Surname TAYLOR	
Inventor's Signature		Date	
Residence/City: St. Paul	State MN	Country US	Citizenship US
Mailing Address 1049 Blair Avenue			
City: St. Paul	State MN	Zip 55104	Country US
Residence/City: 1049 Blair Avenue	State PA	Country US	Citizenship US